

Clinical Efficacy Observation of Visceral Massage Manipulation in the Treatment of Primary Dysmenorrhea

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Abstract: **Objective:** To observe the effect of visceral massage manipulation in the treatment of patients with primary dysmenorrhea. **Methods:** Sixty-eight patients with primary dysmenorrhea admitted to our hospital from January to December 2024 were selected as the research objects and randomly divided into two groups with 34 cases in each group. One group was treated with the conventional treatment plan (control group), and the other group was treated with visceral massage manipulation (observation group). The pain symptoms before and after treatment and the overall treatment effect of the two groups were analyzed. **Results:** The pain score of the observation group after treatment was lower than that of the control group ($P < 0.05$). The overall treatment effective rate of the observation group was higher than that of the control group ($P < 0.05$). **Conclusion:** Treating patients with primary dysmenorrhea with visceral massage manipulation can relieve their pain symptoms, improve the clinical treatment effect on these patients, and contribute to the recovery of patients.

Keywords: Visceral Massage Manipulation Treatment; Primary Dysmenorrhea

1. Introduction

Primary dysmenorrhea is the most common and highly prevalent type of gynecological disease, maintaining a very high incidence rate in clinical practice and directly affecting the daily lives of patients. During the treatment of patients with primary dysmenorrhea, in order to relieve their dysmenorrhea symptoms rapidly, a more effective treatment plan is required. In traditional Chinese medicine theory, primary dysmenorrhea is related to the deficiency of essence and blood and the invasion of pathogenic factors. The treatment of such patients with visceral massage manipulation has gradually been applied in clinical practice. This study mainly observed the

effect of visceral massage manipulation in the treatment of patients with primary dysmenorrhea.

2. Materials and Methods

2.1 General Information

Sixty-eight patients with primary dysmenorrhea admitted to our hospital from January to December 2024 were selected as the research objects and randomly divided into two groups with 34 cases in each group. One group was treated with the conventional treatment plan (34 cases, control group), and the other group was treated with visceral massage manipulation (34 cases, observation group). In the control group, the age of patients ranged from 23 to 35 years old, with an average age of (28.73 ± 1.83) years old, and the disease course ranged from 2 to 6 years, with an average of (3.64 ± 0.83) years. In the observation group, the age of patients ranged from 22 to 34 years old, with an average age of (28.85 ± 1.75) years old, and the disease course ranged from 2 to 6 years, with an average of (3.75 ± 0.35) years. There was no significant difference in basic data between the two groups ($P > 0.05$).

2.2 Methods

The control group received conventional Western medicine treatment, taking Tiaojing Huoxue Capsules, 1 capsule each time, once a day, and Tongjingbao Granules, 1 bag each time, twice a day. The observation group received visceral massage manipulation treatment. (1) Back massage: The patient was guided to lie in the prone position, and the massage doctor stood on the side of the patient. Conventional rubbing and kneading methods were used to massage the lumbosacral and back areas of the patient from top to bottom. The thumb was used to press the Mingmen and Xuanshu acupoints to make the patient feel a sense of heat and swelling at the acupoint area. At the same time, the Ganshu, Zhangmen, and Qimen acupoints were pressed

for 1 minute each. (2) Abdominal massage: The patient was guided to lie in the supine position, and the treating doctor stood on the side. First, the Conception Vessel was pressed with conventional massage methods, and the yin and yang areas of the chest and abdomen were massaged 5 times. Then, the abdomen was massaged in an alternating clockwise and counterclockwise manner for 15 minutes each time. During the massage process, the patient was asked about the massage intensity in a timely manner, and the intensity was adjusted according to the actual situation of the patient. (3) Lower limb massage: The Qihai, Sanyinjiao acupoints, and bilateral lower limbs were massaged. At the same time, point-pressing was started from the Zusanli acupoint for 2 minutes for each acupoint.

Both groups of patients were treated continuously for 3 menstrual periods.

2.3 Observation Indicators

(1) Comparison of pain scores: The Visual Analogue Scale (VAS) was used to evaluate the pain degree of the two groups of patients before and after treatment. The score range was 0-10 points, and the higher the score, the more severe the pain. (2) Evaluation of the overall treatment effect: The overall treatment effect of the two groups of patients was evaluated according to their recovery situation. If all symptoms

disappeared and all indicators were normal after treatment, it was regarded as marked effectiveness. If all symptoms of the patient were improved, it was regarded as effectiveness. If the dysmenorrhea symptoms of the patient did not improve and showed a more severe trend after treatment, it was regarded as ineffectiveness.

2.4 Statistical Methods

All data in the study were processed by SPSS 22.0. Measurement data (including pain scores, etc.) were expressed as mean \pm standard deviation ($\bar{x} \pm s$), and counting data were expressed as percentages (%). The χ^2 test was used, and a difference with $P < 0.05$ was considered statistically significant.

3. Result

3.1 Comparison of Pain Degrees

The pain score of the observation group after treatment was lower than that of the control group ($P < 0.05$), as shown in Table 1.

3.2 Comparison of the Overall Treatment Effective Rates

The overall treatment effective rate of the observation group was higher than that of the control group ($P < 0.05$), as shown in Table 2.

Table 1. Comparison of Pain Degrees between the Two Groups ($\bar{x} \pm s$)

Group	Number of Cases	Before Treatment	After Treatment	Difference Value
Observation Group	34	5.68 ± 0.22	1.89 ± 0.31	3.84 ± 0.35
Control Group	34	5.71 ± 0.31	3.26 ± 0.28	2.56 ± 0.27
<i>t</i>	-	1.253	21.045	6.045
<i>p</i>	-	0.253	0.001	0.001

Table 2. Comparison of the Overall Treatment Effective Rates between the Two Groups [n, (%)]

Group	Number of Cases	Marked Effectiveness	Effectiveness	Ineffectiveness
Observation Group	34	20 (58.82)	14 (41.18)	0 (0.00)
Control Group	34	11 (32.35)	14 (41.18)	9 (26.47)
χ^2	-	6.045	0.000	20.052
<i>p</i>	-	0.012	1.000	0.001

4. Discussion

Primary dysmenorrhea has a very high incidence rate in clinical practice. Its pathogenic mechanism is complex, and it has a great impact on the health and daily lives of patients. The pathogenic mechanism is complex, and the disease has the characteristic of recurrent attacks. During the conventional Western medicine

treatment, although it can relieve the pain symptoms of patients in a short time, the overall treatment effect is not satisfactory. In traditional Chinese medicine theory, primary dysmenorrhea should be classified into the category of "abdominal pain". Its etiology is related to the spleen, kidney, liver, etc. of the patient, and it is mainly caused by factors such as poor qi and blood circulation and disharmony of

thoroughfare and conception vessels. In terms of treatment, it is necessary to start from aspects such as promoting blood circulation and regulating qi to improve qi movement.

Dysmenorrhea is mainly manifested as abdominal pain, and the abdomen is directly related to various internal organs of the human body. When the functions of the internal organs are abnormal, symptoms such as chest tightness may occur in patients. Therefore, primary dysmenorrhea is closely related to the dysfunction of the patient's internal organs. Treatment with visceral massage manipulation can regulate the functions of the patient's internal organs, achieve the effects of calming the five internal organs and removing turbidity from the intestines. Implementing massage centered on the abdomen can regulate the Governor Vessel and Conception Vessel, promote the rapid dissipation of blood stasis in the uterine cavity, and restore the normal flow of qi and blood in the patient. When massaging and kneading the acupoints on the back, it can regulate qi movement, promote the circulation of qi and blood in the internal organs, and dredge the meridians. While improving the dysmenorrhea symptoms of patients, it also has the effects of promoting blood circulation and regulating the flow of qi and blood. In this study, both groups of patients with primary dysmenorrhea were treated with visceral massage manipulation. Through observation, it was found that compared with the conventional treatment plan, under the effect of visceral massage manipulation, the pain symptoms of patients can be effectively improved, the VAS score of patients can be reduced, and the overall treatment effect on these patients can be enhanced, achieving the purpose of helping patients recover.

In conclusion, during the treatment of patients with primary dysmenorrhea, visceral massage manipulation can be used to rapidly relieve the dysmenorrhea symptoms of patients and comprehensively ensure the treatment effect on

these patients.

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